

MAR 17 2018

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

LEGISLATIVE RESOURCE CENTER

18 MAR 26 PM 1:36

Name: Robin Dacen Givner Daytime Telephone: _____

FILER STATUS <input checked="" type="checkbox"/>	New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: <u>4/6/2018</u>	State: <u>GA</u> District: <u>1</u>	<input type="checkbox"/> Check if Amendment
		Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, 2017 to <u>March 15, 2018</u>

(Signature)
 (Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/RA distributions) of \$200 or more during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Robin Raven Glimmer

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BLOCK A												BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income											
<p>Identify (a) each asset held for investment, or indicate value of asset at close of the reporting period. If you produced or income and with a fair market value/other than fair market value, please state a valuation method other than fair market value, please state the method used.</p> <p>(b) any other reportable asset or source of income, and which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide complete address or description, e.g., geographic location in Block A.</p> <p>Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a Federal retirement program, including the Thrift Savings Plan, if you have a privately-traded fund that is an Exempt Investment Fund, please check the “E/F” box.</p> <p>If you so choose, you may indicate that an asset or income source is, or jointly held with anyone (U), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”</p> <p>“Column M is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</p> <p>Check “None” if no income was earned or generated.</p> <p>“Column XII is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</p> <p>Check “None” if no income was earned or generated.</p> <p>“Column XIII is for assets held by your spouse or dependent child in which you have no interest.</p>											
# PC.	NAME OR CODE	TYPE OF ASSET	AMOUNT (\$) IN BLOCK A	C B C D E F G H I J K L M	A B C D E F G H I J K L M	N O P Q R S T U V W X Y Z	I J K L M N O P Q R S T U V W X Y Z	I J K L M N O P Q R S T U V W X Y Z	I J K L M N O P Q R S T U V W X Y Z	I J K L M N O P Q R S T U V W X Y Z	I J K L M N O P Q R S T U V W X Y Z																																				
X	Simon & Schuster	Hedge Fund	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
X	ABC Hedge Fund		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
X	ADP - Automatic Data Process		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
X	AT&T - America First Mortg Co		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
X	AVANT - Federal Home Loan Bank		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
X	SMBX - Small Business Market		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
X	PTRA - Liberty Breweries		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Robin Hansen G. 11 /mer

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Robin Marion Givens

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ASSET NAME S. NO. DC.	BLOCK A Value of Asset EF	BLOCK B Type of Income I	BLOCK C Amount of Income II	BLOCK D												
				A	B	C	D	E	F	G	H	I	J	K	L	M
late fees.com Processors, LLC	X	None														
		\$1-\$1,000														
		\$1,001-\$15,000														
		\$15,001-\$50,000														
		\$50,001-\$100,000														
		\$100,001-\$250,000														
		\$250,001-\$500,000														
		\$500,001-\$1,000,000														
		\$1,000,001-\$5,000,000														
		\$5,000,001-\$25,000,000														
		\$25,000,001-\$50,000,000														
		Over \$50,000,000														
		Spouse/DC Asset over \$1,000,000*														
		NONE														
		DIVIDENDS														
		RENT														
		INTEREST														
		CAPITAL GAINS														
		EXCEPTED/BLIND TRUST														
		TAX-DEFERRED														
		Other Type of Income (Specify, e.g., Partnership Income or Farm Income)														
		None														
		\$1-\$200														
		\$201-\$1,000														
		\$1,001-\$2,500														
		\$2,501-\$5,000														
		\$5,001-\$15,000														
		\$15,001-\$50,000														
		\$50,001-\$100,000														
		\$100,001-\$1,000,000														
		\$1,000,001-\$5,000,000														
		Over \$5,000,000														
		Spouse/DC Income over \$1,000,000*														
		None														
		\$1-\$200														
		\$201-\$1,000														
		\$1,001-\$2,500														
		\$2,501-\$5,000														
		\$5,001-\$15,000														
		\$15,001-\$50,000														
		\$50,001-\$100,000														
		\$100,001-\$1,000,000														
		\$1,000,001-\$5,000,000														
		Over \$5,000,000														
		Spouse/DC Income over \$1,000,000*														

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Robin Aaron Gertner
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Automatic Data Processing (ADP)			
Salary		20,801	102,626

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Robin Haven Gruen

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. *Exclude:* Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Position	Name of Organization
Partner	Rudy, Aaron & Keim LLC
Partner	Remote Link, Inc.
Partner	Envole.com Inc.
Owner	Chapter 9 LLC